

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1957

44687
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 552

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10503 SHELEY ROAD		d. STREET ADDRESS (If outside, give location) 10503 SHELEY ROAD	
3. NAME OF DECEASED (Type or print) First AGNES Middle CHRISTINE Last HOLE		4. DATE OF DEATH DEC-18-1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG-4-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		11. BIRTHPLACE (City and state or country) MT. CLEMENS, MICHIGAN	
13a. FATHER'S NAME HIRAM ATWOOD		13b. MOTHER'S MAIDEN NAME A. WATERSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 8 weeks	
DUE TO (c) _____		Chronic	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-11-57 to 12-18-57 and last saw her alive on 10-11-57 Death occurred at 9:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David J. Elias M.D.		22b. ADDRESS 9109 E New 40th St	
22c. DATE SIGNED 12-19-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC-19-1957	
23c. NAME OF CEMETERY OR CREMATORY EFFINGHAM CEMETERY		23d. LOCATION (City, town, or county) (State) EFFINGHAM KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 12-19-57	
ADDRESS 1331 BAYVIEW CTR. KANSAS CITY MO.		26. REGISTRAR'S SIGNATURE James L. [Signature]	

DEC 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Norman W. Thorsen

Licensed Embalmer No. 4889

P. O. Address 26 C, 760

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.